Bealth Department, City of Baltimore.
Permit No. 99042 Office of Registrar of Wild Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burian within Grently four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Afford ATRISS
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, O Months, Days
Color, Tolectr
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), Ash euca
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Stoly Research Court
Date of Burial, Aparl 7. 1887
(Undertaker, Henry Hoerla) (Medical Attendant.
Place of Business, 1028 Plante and Address, Cit feer live Ving
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of the

Cause of Death,

Place of Burial,

Date of Burial,

Undertaker.

Place of Business,

Duration of Last Sickness,

Second (Immediate),

All the above information should be furnished by the Physician

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of the Control of Control of

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

	Board of	Health,	Citype	f Baltimore	
Permit No. 990	12/4 Office	of Registro	ir of Vit	al Statistics.	Ward 101
The Physician who atte to the Undertaker or other equested so to do, under pe	ender any person in a person superintendin enalty of law.	last illness, is resulting the burial, with	Ansible for the	presentation of this Ce hours after the death o	ertificate, accurately filled out, of said deceased, or sooner, if
	O PERMIT FOR BUR	IAL CAN BE OBTAI	NED WITHOUT	A PROPER CERTIFICATI	E. /
CE	NI	CATE	9F	DEAT	H.
Date of Death,	April	3 =	2/	887.	,
Full Name of Dece	eased, { Write legible correctly. I not named, of parents.	y and spell If an Infant give names	fam	es/bole	, /
Sex, Male or Ferra	de, Cross out the wor	ine.	rale		1/
Age, 68	Years,		Л	Months,	Days,
Color, Bi	lach			<u></u>	
Married, Single, Wi	dow or Willow	er, { Cross out the w	ord not }	Marrie	1
Occupation	Labor	ez		,	
Birthplace, State or could long in the lift of foreign	ntry, and how United States.	Cowa	ind	Courte	Maryland
Duration of Residen	ce in the City o	f Baltimore,	213	Max	0
Place of Death, {Give S	street and }	1 Bor	id (At . 1 mg	
	rst (Primary),	eyoral		Helley	
$Gause of Death, \}$ Sec	cond (Immediate),	Cry h	aust	ion !	
Duration of Last S	ickness, C	the Physician.	nths		
Place of Burial.		Cernsy	1 -		
Date of Burial, De	inil 6 19	3940	16.	06.19	iedle M. D.
(Undertaker)	inn d	Dinger		Me	dical Attendant.
Place of Business	150 €0	stst	Address,	119 W. Sa	ratiga at
	AND THE RESIDENCE OF THE PARTY	AND DESCRIPTION OF THE PROPERTY OF THE PERSON NAMED OF THE PERSON	re a full and	correct record of Vita	al Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and

date of death, except in cases of births and deaths of illegitimate children.

Health	Bepartment,	City of B	altimore.
Permit No. 99045	Office of Registra	r of Will Statist	ics. Ward 17
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of	any person in a last illness, is res superintending the burial, within	possible for the presultation of possible four hours after the	f this Certificate, accuracy filled one eath of said deceased, or sooner, i
	TIFICATE	OFFDEA	ATH.
Date of Death,	Spil. 4th		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	upana of	uldu
Sex, Male or Female, { Cro	uss out the word not uired in this line.		-
	Years,	Months,	Days
Color, Bl.	ach	· · · · · · · · · · · · · · · · · · ·	
Married, Single, Widow	Cross out the wo required in this	rds not) line. }	
Occupation, 7	u	V	
Birth Place, State or country, a long in the United if of foreign birth.	nd how States,		
Duration of Residence in	n the City of Baltimore	e. 10 man	7
Place of Death, Give Street a	ind 15/3 m	u ct.	
$ extit{Cause of Death}, egin{cases} ext{First (Properties)} \\ ext{Second (} \end{cases}$	(Immediate), Louis	um plain	-
Duration of Last Sickne All the above information should be	furnished by the Physician.	mulis	-
Place of Burial, Than,	a st benely		
Date of Burial, April	61399	10	70/1/
(Undertaker, Wilius	n N Dangee -	e mura	Medical Attendant.
Place of Business, 1	50 East St A	ddress, 17 /2. 1	Medical Attendant.

The Special Attention of Physicians is Kespectivity invited to the Kemarks below, and to list

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department,	City of Baltimore.
Permit No. 99046 Office of Registre	arrof Kilal Statistics. Ward
The hydician who attended any person in a last illness, is reto the Univertaker or other person superintending the burial with requested so to do, under penalty of law. No Permit for Burial can be Obtain	esponsible for the presentation of this Certificate, accurately filled out, in twenty-four hours after the death of said deceased, or sooner, if
CERTIFICATE	OF DEATH.
Date of Death,	5-1887.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	, Parch & Dillivan
Sex, Male or Female, {Cross out the word not required in this line.}	emle
Age, 80 Years,	Months, Days.
Color, white	
Married, Single, Widow or Widower, Cross out the wo	ords not }
Occupation,	
(if of foreign birth.	Otravil, Mel.
Duration of Residence in the City of Baltimor	e, life
Place of Death, {Give Street and } 924	me Donnigh Sh.
$Cause \ of \ Death, egin{cases} ext{First (Primary)}, & & & & & & & & & & & & & & & & & & &$	ulify-
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, & allemore Cemele	ing X
Date of Burial, april 82/88%	All the
Undertaker, Henry W. Mears	Medical Attendant.
Place of Business, # 413 & Frayette Sta	todress, of MB roadway.
Extract from Regulations of the Roard of Health to secur	e a full and correct record of the Vital Statistics in the

The Special Attention of Physicians is Respectibily Invited to the Remarks Delow, and to List of Diseases on Dac

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	s is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back or	
Health	Department,	City of	Baltimore.	
Permit No. 99047 The Physician who attended a to the Undertaker or other person	Office of Registra	of Dring S	catistics. Ward	curately filled out
requested so to do, under penalty of No Permi	T FOR BURIAL CAN RE OFFICIAL	ED WITHOUT A PRO	PER CERTIFICATE.	0
CER	TIFICATE		EATH.	
Date of Death,		5de 1887		
Full Name of Deceased, $\left\{ ight.$	Write legibly and spell correctly. If an Infant not named, give names of parents.	elio Mos	emeller	/
Sex, Male or Fomale, (Cro	or bureaus.			/
Age, 3	3 Years,	Q. Month	hs,	Days.
Color,	op,	hele	1/	
Married, Single, Widow	or Widower, {Cross out the wor required in this li	ds not }		
Occupation,	21	after		
Birth Place, State or country, a long in the United if of foreign birth.	nd how States, }	,	1/2	
Duration of Residence in	n the City of Baltimore	30	hare	
Place of Death, Give Street a Number.	nd} 1508 (Cauton	avi)	\
	(Immediate), Since		Mangang	
Duration of Last Sickne	988,			
Place of Burial Ho	ly Redeemer	1/2		
Date of Burial, April	il 6th	811		2 W 5
(Undertaker)	District X	gyal	i nuis	D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital City of Baltimore.

Place of Business, 1510 Bond Address 13

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 49048 Office of Registrar of Vital Statistics. Ward 20
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBEAINED WITHOUT A REOPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Opril 5th 188)
Full Name of Deceased, Write legibly and spell source of Deceased, write legibly and spell source of Deceased, for named give names of parents.
Sex, Male or Female, {required in this line.}
Age, how Years, Months, Days
Color, Black
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Quice Trish
Place of Death, {Give Street and } 1333 Uplon
Cause of Death, First (Primary), Acute During elis Second (Immediate), Consul actions
Duration of Last Sickness, Zowe elacy State All the above information should be furnished by the Physician.
Place of Burial Lasuel Demetry
Date of Burial, The 5-1087-1 Sto ald win M. D.
Place of Business, 46 Earl 2 Address, 639 Dulphin &

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Department, Gity of Baltimore.
Permit No. 99 1149 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under benalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 5 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1529 Park
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial Freen Mount Ountery
Date of Burial, Opril 7 1887 Chi Millente - M.D.
Undertaker, Dewan Willowell Medical Attodant,
Place of Business, Tiona Will Mayarcus Address, 11 11 77 676 6 11 11 11 11 11 11 11 11 11 11 11 11
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled.
The Physician who attended any person in a last interest resident four hours after the death of said deceased, or sooner, out, to the Undertaker or other person superintending the burial, within treenty-four hours after the death of said deceased, or sooner,
if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CEDEUCICATE OF DEATH
CERTIFICATE OF DEATH.
Date of Death, Write legibly and spell correctly of an Infant of Deceased Servery of
of parents.
Sex, Male or Female, {Cross out the word not }
Age, 37 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the word not }
Occupation,
Birthplace, State or country, and how long in the United States, for foreign birth.
Duration of Residence in the City of Baltimore, 36 gears
Place of Death, {Give street and }
Cause of death, First, (Primary,) Second, (Immediate,) Phiheais Pulme on ale
Duration of Last Sickness,
All the shove information should be furnished by the Physician.
Place of Burial, new Cathedral
Date of Burial, april 6 th Shothe Brille 12 my len D.
Undertaker, H.C. Wie defeld Medical Attendant
Undertaker, H. C. Wie defeld Medical Attendant Place of Business, 916 Green mit Address,

Board of Health, City of Baltimore,

Extract from Regulations of the Hoard of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the barial, a Certificate setting forth within forty-eight hours after the death, to the Undertaker or other persons superintending the barial, a Certificate setting forth far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Poard	of Health,	Çity	of	ğal	tim	ore,
2051		Operio				

The Physician who attended any person in a last illness is remonsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenth-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,	April 4th 188	7	
Full Name of Deceased, {	Write legibly and spell errectly. If an infant not named, give names of parents.	y Harris	
Sex, Male or Female, (Cro	ess our the word not }		
	Years, 9	Months,	3 Days
Color, 60	6	Sex, Famual	
Married, Single, Widow o	r Widower, { Cross out the words not } required in this line. }	Marriedo	
Occupation,	Paun dup	Karana manganan mangan	1/
Birthplace, { State or country (and the United Storeign birth.	ad how attention of the states, if	iore '	
Duration of Residence in			V
Place of Death, { Give street as number.		und Hell.	ann
Cause of Death, Second	Primary,) Phtthe	'uo	
Duration of Last Sickne	ould be furnished by the Physician.	-1	
Place of Burial, Lan	Q. +	The Hu	educk MD
Date of Burial, Cops	ril 6 18870		Medical Attendant
	0 11-19/10 10	Address & n K	ad IL
Place of Business 67	4. S. Howard 4.		

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her tast sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.